Declaration and Power of Attorney Forms

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR Insert Title: **ANTAGONISTS** the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: Fill in Appropriate The specification was filed on 11/03/2003 as United States Application Number Intermation and amended on __ (if applicable) and/or For Use Without the specification was filed on as PCT International Application Number Specification Attached: and was amended on (if applicable) I hereby state that \overline{I} have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. l acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the United States of America and the country foreign to the Country fore country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed Priority Claimed Prior Foreign Application(s) Insert Priority Information No (Number) (Country) (Month/Day/Year Filed) (if appropriate) (Month/Day/Year Filed) (Number) (Country) No (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. Insert Provisional 60/149,464 8/19/1999 Application(s): (Filing Date) (Application Number) (if any) 60/269,847 2/21/2001 (Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Insert Requested Country Application Number Date of Filing (Month/Day/Year) Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. PCT/US00/22618 8/18/2000 Application(s): (Application Number) (Filing Date) (Status – patented, pending, abandoned) (if any) (Application Number) (Filing Date) (Status – patented, pending, abandoned)

rRev 05/2004)

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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li Name of First Sole Inventor	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
sert Name of Inventor → sert Late Utis	Bradford Van Wagenen	Buttoull. Ven (June	-	12-9-2005
Document is Signed sert Residence	Residence (City, State & Country) Salt Lake City, Utah USA		CITIZEN	. 1 - 3
seit Post Office address →	MAILING ADDRESS (Complete Street Ad c/o NPS Pharmaceuticals, Inc., 383 Coloro	dress including City, State & Country w Drive, Salt Lkae City, UT, USA 8410)	
ll Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
nventor, if any: see above	Thomas M. STORMANN	Sama hoter	mana	12-19-2
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZEN	SHIP US
	MAILING ADDRESS (Complete Street Adc/o NPS Pharmaceuticals, Inc., 383 Coloro			
ill Name of Third oventor if any.	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE		DATE*
see ahove				
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZEN	SHIP US
	MAILING ADDRESS (Complete Street Ad c/o NPS Pharmaceuticals, Inc., 383 Coloro	dress including City, State & Country w Drive, Salt Lkae City, UT, USA 8410) 0 8	
ll Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
iventor, if any: see above	Susan M SHEEHAN			
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZEN	SHIP US
	MAILING ADDRESS (Complete Street Adc/o NPS Pharmaceuticals, Inc., 383 Coloro	dress including City, State & Country w Drive, Salt Lkae City, UT, USA 8410) 08	
ill Name of Fifth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	-00	DATE*
nventor, it any: see above	Donald McLeod	Andlance		12.19.2005
	Residence (City, State & Country)		CITIZEN	<u> </u>
	Salt Lake City, Utah, USA			US
	MAILING ADDRESS (Complete Street Adc/o NPS Pharmaceuticals, Inc., 383 Coloro			
all Name of Sixth nventor, it any: see above	GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Sal: Lake City, Utah, USA	4	CITIZEN	SHIP L'S
	N. viLING ADDRESS (Complete Street ->> c/o NPS Pharmaceuticals, Inc., 383 Coloro	w Drive, Salt Lkae City, UT, USA 8410) 08	- M 4.1

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•				
Full Name of First or Sole Inventor. Insert Name of Inventor	GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE		DATE*
Document is Signed Insert Residence	Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP US	
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri			
Full Name of Second Inventor, if any. see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3	
Full Name of Third Inventor, if any, see above	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE	·	DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3	
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Full Name of Fourth Inventor, it any: see above	GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE		DATE* Dec 9,2005
inventor, it any:	GIVEN NAME/FAMILY NAME Susan M SHEEHAN Residence (City, State & Country) Salt Lake City, Utah, USA Dexter, M	INVENTOR'S SIGNATURE Michigan, USA	CITIZENS	Dec 9,2005
inventor, it any:	GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE Lichigan, USA including City, State & Country)	CITIZENS	Dec 9,2005
inventor, it any:	GIVEN NAME/FAMILY NAME Susan M SHEEHAN Residence (City, State & Country) Salt Lake City, Utah, USA Dexter, M MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE Lichigan, USA including City, State & Country)	CITIZENS	Dec 9,2005
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inventor, if any: see above full Name of Filth Inventor, if any see above	GIVEN NAME/FAMILY NAME Susan M SHEEHAN Residence (City, State & Country) Salt Lake City, Utah, USA Dexter, M MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr GIVEN NAME/FAMILY NAME Donald McLeod Residence (City, State & Country) Salt Lake City, Utah, USA MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr GIVEN NAME/FAMILY NAME Daryl L SMITH Residence (City, State & Country)	INVENTOR'S SIGNATURE Lichigan, USA Including City, State & Country) ive, Salt Lkae City, UT, USA 84108 INVENTOR'S SIGNATURE INVENTOR'S SIGNATURE INVENTOR'S SIGNATURE	CITIZENS CITIZENS CITIZENS	Dec 9, 2005 HIP US DATE* HIP US

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^{*}DATE OF SIGNATURE

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nsert Date This Document is Signed insert Residence	Residence (City, State & Country) Salt Lake City, Utah USA	<u> </u>	CITIZENS	HIP US
usert Post Office Address →	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri	including City, State & Country) ve, Salt Lkae City, UT, USA 84108	<u> </u>	03
rull Name of Second Inventor, if any see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3	
bull Name of Third Inventor, if any see above	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
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I ull Name of Fifth Inventor, if any see above	GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3	
Full Name of Sixth Inventor, if any see above	GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE	H	DATE* 8 Dec 2005
	Residence (City, State & Country) Fishers	s, Indiana, USA	CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Audress c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3	

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Document is Signed	Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP US	
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri			
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri			
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE		IZIIOIOS
		GH. MA, USA	CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri		;	
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
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Full Name of Fifth Inventor, if any see above	GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3	
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	SHIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3	

Birch, Stewart, Kolasch & Birch, LLP

^{*}DATE OF SIGNATURE

Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Inventor, it any see above	Methvin ISAAC		
	Residence (City, State & Country)		CITIZENSHIP
	Etobicoke, Ontario, Canada		Canada
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	h Flr., Toronto, Ontario M5G 1L8,	Canada
full Name of Eight	GIVEN NAME/FAMILY NAME	1NVENTOR'S SIGNATURE	DATE*
Inventor, if any see above	Abdelmalik SLASSI		
	Residence (City, State & Country)		CITIZENSHIP
	Ontario, California		Canada
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	Canada
Full Name of Ninth Inventor, if any	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
see above	lan Egle		
	Residence (City, State & Country)		CITIZENSHIP
	Ontario, California		Canada
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	Canada
Full Name of Fenth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
see above	Louise EDWARDS		
	Residence (City, State & Country)		CITIZENSHIP
	Mississauga, Ontario, Canada		Canada
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	Canada
Full Name of Fleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Inventor, if any: see above	Tomislav STEFANAC		
	Residence (City, State & Country)		CITIZENSHIP
	Burlington, Ontario, Canada		Canada
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	Canada
Full Name of Twelfth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
see above	Tao XIN		
	Residence (City, State & Country)		CITIZENSHIP
	Woodbridge, Ontario, Canada		Canada
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	. Canada
Full Name of Thirteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Inventor, if any: see above	JaIaj ARORA		
	Residence (City, State & Country)		CITIZENSHIP
	Cambridge, Ontario, Canada		Canada
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	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	, Canada

Page 3 of 4

^{*}DATE OF SIGNATURE

Full Name of	GIVEN NAME/FAMILY NAME	INVENTORS CICALATURE	=	T	
Fourteenth Inventor, if any.	William F. Michne	INVENTOR'S SIGNATURE		DATE*	
see above	Residence (City, State & Country)		CITIZENI	CUID	
	Sodertalje SWEDEN		CITIZEN	Sweden	
	MAILING ADDRESS (Complete Street Ad	ddress including City, State & Country	,	Sweden	
	c/o AstraZeneca AB, SE-151 85 Sodertalje	•	,		
Full Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE:	
Fifteenth toventor, if any see above	GIVEN INMILL LAMIE LIMBE	INVENTOR 3 SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZEN	SHIP	
	MAILING ADDRESS (Complete Street Ad	dress including City, State & Country))		
Full Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Sixteenth Inventor, if any, see above		MATERIAL		DATE	
ecc meove	Residence (City, State & Country)		CITIZENS	SHIP	
	MAILING ADDRESS (Complete Street Ad	ldress including City, State & Country)			
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Inventor, it any sec above					
	Residence (City, State & Country)		CITIZENS	SHIP	
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Full Name of Fighteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, it any: see above					
	Residence (City, State & Country)		CITIZENS	SHIP	
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	MAILING ADDRESS (Complete Street Ad	dress including City, State & Country)			
Full Name of Nineteenth Inventor, it any	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Residence (City, State & Country)		CITIZENIC	71177	
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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR Insert Title: ANTAGONISTS the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: Fill in Appropriate The specification was filed on _____11/03/2003 as United States Application Number Information and amended on (if applicable) and/or For Use Without the specification was filed on as PCT International Application Number Specification Attached: and was amended on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed Prior Foreign Application(s) Priority Claimed Insert Priority Information (Number) (Country) No (Month/Day/Year Filed) Yes (if appropriate) (Number) (Country) (Month/Day/Year Filed) Yes (Number) (Month/Day/Year Filed) (Country) (Number) (Country) (Month/Day/Year Filed) l hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. Insert Provisional 60/149,464 8/19/1999 Application(s): (Application Number) (Filing Date) (if any) 60/269,847 2/21/2001 (Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Insert Requested Country Application Number Date of Filing (Month/Day/Year) Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. PCT/US00/22618 8/18/2000 Application(s): (Application Number) (Filing Date) (Status - patented, pending, abandoned) (if any) (Application Number) (Filing Date) (Status - patented, pending, abandoned)

(Rev. 05/2004)

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING;

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

₩				
Full Name of Firat or Sole Inventor: Insert Name of Inventor →	GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE		DATE*
Insert Date This Document is Signed	Residence (City, State & Country)	<u> </u>	CETIZENIC	MD
Insert Residence	Salt Lake City, Utah USA		CITIZENS	US
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr	including City, State & Country) ive, Salt Lkae City, UT, USA 84108		
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr	including City, State & Country) ive, Salt Lkae City, UT, USA 84108	3	
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr	including City, State & Country) ive, Salt Lkae City, UT, USA 84108	3	
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr	including City, State & Country) ive, Salt Lkae City, UT, USA 84108	3	
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr		3	
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr	including City, State & Country) ive, Salt Lkae City, UT, USA 84108	3	

^{*}DATE OF SIGNATURE

Full Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
see above	Methvin ISAAC	Maac	12th Dec 05			
	Residence (City, State & Country)	.,,	CITIZENSHIP			
1	Toronto, Ontario, CANADA	•	Canada			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
	c/o NPS Allelix Corp., 101 College St., South To	ower, 8th Flr., Toronto, Ontario M5	5G 1L8, Canada			
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Inventor, if any: see above	Abdelmalik SLASSI	4	Dec. 08/05			
	Residence (City, State & Country)		CITIZENSHIP			
	Toronto, Ontario, CANADA	<u> </u>	Canada			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
	c/o NPS Allelix Corp. 101 College St., South Tov	wer, 8th Flr., Toronto, Ontario M50	G 1L8, Canada			
Full Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SICRIADURE	DATE*			
Inventor, if any: see above	Ian EGLE	Nim 2 W1	Dec. 12/05			
	Residence (City, State & Country)	17	CITIZENSHIP			
	Toronto, Ontario, CANADA		Canada			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
	c/o NPS Allelix Corp., 101 College St., 8th Flr., T	Coronto, Ontario M5G 1L8, Canada	a			
Full Name of Tenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Inventor, if any: see above	Louise EDWARDS	Hedward	Dec8/05			
	Residence (City, State & Country)		CITIZENSHIP			
ļ	Toronto, Ontario, CANADA	!	Canada			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
	c/o NPS Allelix Corp., 101 College St., South Tower, 8th Flr., Toronto, Ontario M5G 1L8, Canada					
Full Name of Eleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Inventor, if any: see above	Tomislav STEFANAC	Fromislay Sta	-: Dec.8/05			
	Residence (City, State & Country)		CITIZENSHIP			
	Toronto, Ontario, CANADA		Canada			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
	c/o NPS Allelix Corp., 101 College St., South To	ower, 8th Flr., Toronto, Ontario M5	G 1L8, Canada			
Full Name of Twelfth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
sec above	Tao XIN		Dec. 8, 2005			
	Residence (City, State & Country)		CITIZENSHIP			
	Toronto, Ontario, CANADA	!	Canada			
		MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o NPS Allelix Corp., 101 College St., South To)wer, 8 th FIr., Toronto, Ontario M50	G 1L8, Canada			
Full Name of Thirteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
Inventor, if any: see above	Jalaj ARORA	Jalay trosa	December 8 2008			
	Residence (City, State & Country)	47.	CITIZENSHIP			
	Toronto, Ontario, CANADA	•	Canada			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)				
	c/o NPS Allelix Corp., 101 College St., South Tower, 8th FIr., Toronto, Ontario M5G 1L8, Canada					

^{*}DATE OF SIGNATURE

Full Name of Fourteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: see above	William F. Michne				
	Residence (City, State & Country)		CITIZENS	HIP	
	Sodertalje SWEDEN			Sweden	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o AstraZeneca AB, SE-151 85 Sodertalje SWE	,,			
Full Name of Fifteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: see above					
\	Residence (City, State & Country)		CITIZENS	HIP	
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	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
		<i>y</i> , ,,			
Full Name of	GIVEN NAME/FAMILY NAME	INIVENTIONIC CICNIATURE		DATE	
Sixteenth Inventor, if any:	GIVEN NAME/ PAMILI NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Residence (City, State & Country)		CITIZENS	шр	
	residence (Chy, State & Country)		CITIZENS.	THE	
	MAILING ADDRESS (Complete State Stat	1 1 1 6 6 6 1 1 1			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
		(MI)			
Full Name of Seventeenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: see above					
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
Full Name of Eighteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any:					
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
		<i>0</i>			
Full Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	1	DATE*	
Nineteenth Inventor, if any:	GIVEN INTELLED INTELLED	INVENTORSSIGNATURE		DATE	
see above	Residence (City, State & Country)		CITIZENS	НІР	
	incomment (engreund & country)		CITIZENO		
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	MAILING ADDRESS (Complete Street Address	mending City, State & Country)			
Full Name of Twentieth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: see above					
	Residence (City, State & Country)		CITIZENS	HIP	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			

*DATE OF SIGNATURE

(Status - patented, pending, abandoned)

BIRCH, STEWART, KOLASCH & BIRCH, LLP

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I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Priority Claimed Prior Foreign Application(s) Insert Priority Information Nο (Country) (Month/Day/Year Filed) (Number) (if appropriate) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below. 8/19/1999 Insert Provisional 60/149.464 Application(s): (Filing Date) (Application Number) (if any) 2/21/2001 60/269,847 (Filing Date) (Application Number) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Date of Filing (Month/Day/Year) Application Number Insert Requested Country Information (if appropriate) 1 hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. PCT/US00/22618 8/18/2000 Application(s): (Status - patented, pending, abandoned) (Filing Date) (Application Number) (if any)

(Filing Date)

(Rev. 05/2004) Page 1 of 4

(Application Number)

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CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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FOLLOWING:
1

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

\downarrow	application of any patent issued increon.				
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This	GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE		DATE*	
Document is Signed	Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENS	HIP US	
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US	
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr.	including City, State & Country) ive, Salt Lkae City, UT, USA 84108			
Fuil Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US	
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr.	including City, State & Country) ive, Salt Lkae City, UT, USA 84108	,		
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US	_
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr.	including City, State & Country) ive, Salt Lkae City, UT, USA 84108			
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US	
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dr	including City, State & Country) ive, Salt Lkae City, UT, USA 84108			
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENS	HIP US	
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc., 383 Colorow Dri	including City, State & Country) ive, Salt Lkae City, UT, USA 84108			

*DATE OF SIGNATURE

(Rev. 05/2004) Page 2 of 4

Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	
Inventor, if any: see above	Methvin ISAAC	·		
	Residence (City, State & Country)		CITIZENSHIP	
	Etobicoke, Ontario, Canada		Canada	
	MAILING ADDRESS (Complete Street Address			
	c/o NPS PharmaceuticaIs, Inc. 101 College St., 8	th FIr., Toronto, Ontario M5G 1L8,	Canada	
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	
Inventor, if any: see ahove	Abdelmalik SLASSI			
	Residence (City, State & Country)		CITIZENSHIP	
	Ontario, California		Canada	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)		
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	Canada	
Full Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	
Inventor, if any: see above	Ian Egle			
	Residence (City, State & Country)		CITIZENSHIP	
	Ontario, California		Canada	
	MAILING ADDRESS (Complete Street Address			
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8	th Flr., Toronto, Ontario M5G 1L8,	Canada	
Full Name of Tenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	
Inventor, if any: see above	Louise EDWARDS		OVERATE LOUVE	
	Residence (City, State & Country)		CITIZENSHIP	
,	Mississauga, Ontario, Canada		Canada	
	MAILING ADDRESS (Complete Street Address including City, State & Country)			
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8			
Full Name of Eleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	
Inventor, if any: see above	Tomislav STEFANAC		CITIZENSHIP	
	Residence (City, State & Country)		Canada	
	Burlington, Ontario, Canada	1 1 2 0 0 1 0	Canada	
	MAILING ADDRESS (Complete Street Address including City, State & Country)			
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8			
Full Name of Twelfth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	
inventor, ii any: see above	Tao XIN		CITIZENSHIP	
	Residence (City, State & Country)			
	Woodbridge, Ontario, Canada	in J. Dine Ch. Co. Co.	Canada	
	MAILING ADDRESS (Complete Street Address			
	c/o NPS Pharmaceuticals, Inc. 101 College St.,			
Full Name of Thirteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*	
Inventor, if any see above	Jalaj ARORA		CITIZENCLID	
	Residence (City, State & Country)		CITIZENSHIP	
	Cambridge, Ontario, Canada		Canada	
	MAILING ADDRESS (Complete Street Address			
	c/o NPS Pharmaceuticals, Inc. 101 College St., 8th Flr., Toronto, Ontario M5G 1L8, Canada			

(Rev. 05/2004) Page 3 of 4

^{*}DATE OF SIGNATURE

Full Name of Fourteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE* 13/33/05
Inventor, if any: see above	William F. Michne	William T. Mi		
	Residence (City, State & Country)		CITIZENS	
	Wilmington, USA			USA
	MAILING ADDRESS (Complete Street Address including City, State & Country)			
	c/o AstraZeneca Wilmington, 1800 Concord Pike, P.O. Box 15437 Wilmington, Delaware 19850-5437, USA			
Full Name of Fifteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENS	HIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)			
Full Name of Sixteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENS	HIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)			
Full Name of Seventeenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENS	HIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)			
Full Name of Eighteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	· · · · · · · · · · · · · · · · · · ·	DATE*
				,
	Residence (City, State & Country)		CITIZENS	SHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)			
Full Name of Nineteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZEN	SHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)			
Full Name of Twentieth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	-	DATE*
	Residence (City, State & Country)		CITIZEN	SHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)			

*DATE OF SIGNATURE